



2812/7

PTO/SB/21 (08-00)

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | |
|--|------------------|
| Application Number | 10/053,572 |
| Filing Date | January 24, 2002 |
| First Named Inventor | Hideto OHNUMA |
| Group Art Unit | 2812 |
| Examiner Name | J. Kennedy |
| Attorney Docket Number | 0756-2422 |
| Total Number of Pages in This Submission | |

ENCLOSURES (check all that apply)

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment / Reply | <input type="checkbox"/> Declaration and Power of Attorney | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Other Enclosures |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | 1. |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Terminal Disclaimer | 2. |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Request for Refund | 3. |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | <input type="checkbox"/> CD, Number of CD(s) _____ | 4. |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | Remarks | 5. |
| | <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2280 for the above identified docket number. | 6. |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|--|
| Firm or Individual name | Eric J. Robinson, Reg. No. 38,285 Robinson Intellectual Property Law Office, P.C. PMB 955 21010 Southbank Street Potomac Falls, VA 20165 |
| Signature | |
| Date | April 14, 2003 |

RECEIVED
APR 23 2003
TECHNOLOGY CENTER 2800

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on the date indicated below.

| | | | |
|----------------------|------------------|------|----------------|
| Type or printed name | Eric J. Robinson | | |
| Signature | | Date | April 14, 2003 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.